

CHANGE OF GRADE FORM

(PLEASE PRINT/TYPE ALL INFORMATION)



Date:

Please change the following grade for:

T Number:

Name:

Semester:

Discipline	Course No.	Course Title	Hrs.	Change From	Change To
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Justification (attach supporting documentation):

Academic Department:

Approved by:

Instructor

Department Head

Dean

Official use only (Academic Affairs / Records Office)

Approved

Disapproved

Returned for Clarity/Additional Information

Comments:

Academic Affairs/Records Office